

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

NTS SERVICES CORP. :
(an Illinois corporation) :
 :
Application for a certificate of : 00-0687
local authority to operate as a :
reseller of telecommunications :
services :
within the State of Illinois :

AMENDED
APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN# 37-1360542
NTS Services Corp. (an Illinois corporation)
Address: Street 2209 Broadway
City Pekin, IL State/Zip 61554
2. Authority Requested: (Mark all that apply) X 13-403 X 13-404 X 13-405
3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.
X Part 710 X Part 735 X Section 735.180 X Other
4. In what area of the state does the Applicant propose to provide service?
Statewide
5. Please attach a sheet designating contact persons to work with Staff on the following:
 - a) issues related to processing this application
 - b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any. See attached Contact List.

6. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed 5/92
 In what state? Illinois
☐ Other (Specify) _____

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

8. List jurisdictions in which Applicant is offering service(s).

Illinois

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

11. Will the Applicant keep its books and records in Illinois? ☒ YES ☐ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See attached Resumes and Attachment 1.

13. List officers of Applicant.

<u>Daniel L.R. Johnson</u>	<u>President</u>
<u>James Allen Schultz</u>	<u>Executive Vice-President</u>
<u>Rick A. Johnson</u>	<u>Vice-President/Treasurer</u>

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? Flat Rate

16. How does Applicant propose to handle service, billing, and repair complaints?

By utilizing current infrastructure and personnel.

See attached Resumes and Attachment I.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

18. What telephone number(s) would a customer use to contact your company?

(309) 353-3155 or 1-800-NTS-1096

19. What are your procedures to prevent unauthorized "slamming" of customers?

Not Applicable - Local Exchange authority is not being sought.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

☒ YES ☒ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☒ YES ☐ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment 3 - Financial Statements.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list: 2209 Broadway, Pekin, IL

2950 Court Street, Pekin, IL

VERIFICATION

This application shall be verified under oath.

OATH

State of ILLINOIS)
)ss
County of SANGAMON)

Daniel L.R. Johnson makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)
of NTS Services Corp.
(Insert here the exact legal title or name of the Applicant)

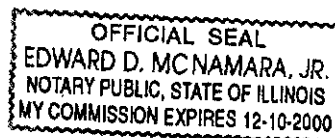
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Edward D. McNamara, Jr.
(Title of person authorized to administer oaths)

in the State and County above named, this 29th day of November, 2017

[Signature]
(Signature of person authorized to administer oath)



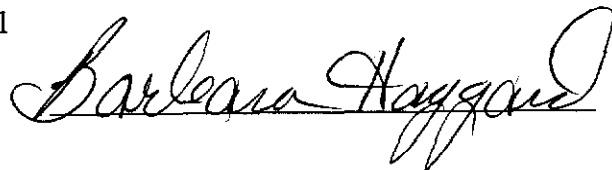
CERTIFICATE OF SERVICE

The undersigned certifies that on this 30th day of November, 2000, a copy of the foregoing Amended Application for a Certificate of Local Authority was served by hand-delivery upon the following named persons at the addresses shown:

Judy Marshall
Telecommunications Division
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

Stacy Buecker
Telecommunications Division
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

Cindy Jackson
Telecommunications Division
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701



Edward D. McNamara, Jr.
McNamara & Evans
931 South Fourth Street
P.O. Box 1539
Springfield, Illinois, 62705
Tel. 217/528-8476